	ne of Candidate or Officeholder	ACRES OF THE PARTY		
Stre	et Address and Apartment Number	City State Zip Code		
-	15 So 400 East	Lumber Area Code & Fax Number		
Office		979-9235 N/A		
	Туре	e of Report		
	REPORTS: (Check	the appropriate box)		
	F) Sound date Autom Demonst Floriton (August 10 20)	CONTRIBITIONS RECEIVED		
	(Required by each candidate who will participate in the	ne primary)		
	For those eliminated in the primary, thirty days after the primary (September 9, 2021).  Seven days before a General Election, (October 28, 2021)			
	(Required by all candidates)			
)	30 days after a General Election, (December 2, 2021)  (Required by all candidates)  No			
	(A campaign finance statement is considered filed if it is received			
	in the Municipal recorder's office by 5 p.m. on the day it is due.)			
	Report Verification			
	Lori	Nay		
		Candidate or Officeholder		
	is true, accurate and corre	Contributions and Expenditures ect to the best of my knowledge.		
	Signature of Candidate-of	12-2-2021		
	Signature of Call of Space of	Officeholder Date		
	To File this Form	For Office Use Only		
Mail or deliver original copy toCity Recorder/Clerk		☐ Entered		
	, Utah	Copied		
For More Information  Please contact:				
		19101		
		12/2/2		

## Summary Page (Complete this page after filling out Schedule A and Schedule B)

		Column A Total this Period	Column B Year-to-Date Total
F	CONTRIBUTIONS RECEIVED		
-	TOTAL CONTRIBUTIONS RECEIVED (See Schedule A)	0	8
E	XPENDITURES MADE		
2	TOTAL EXPENDITURES MADE (See Schedule B)	Ø	8
В	ALANCE SUMMARY		
3	Balance at Beginning of Reporting Period	0	Refer to Line 7 on your last rep
	Total Contributions Received (From Line 1 Column A)	0	
	Subtotal (Add Lines 3and 4)	B	
	Total Expenditures Made (From Line 2 Column A)	8	
1	Balance at Close of Reporting Period Subtract Line 6 from Line 5)	X	

Page of Candidate or Officeholder's Last Name

## Schedule A

Itemized Contributions Received

Date Received	Name of Contributor	Complete Mailing Address	Amount Contribut
		Levers	
		9	
	1X		
	1/0,		
		d	
		(/)	
		Y	
TAL FOR T	HIS PAGE		
CONTRIBU	TIONS RECEIVED	of subtotals from all Schedule A pages)	
	Sum (	of subtotals from all Schedule A pages)	

## Schedule B

Itemized Expenditures Made

Attach additional par Date of Expenditure	Name of Recipient	Purpose	Amount of Expenditure
	Offeren		
	Dele		
	17 7		
	No.		
TOTAL FOR			
TOTAL FOR TH			
L EXPENDITU	TRES MADE (Sum of subtotals from	alleaday	